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<b>REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	09/763,128, Conf. No. 3432
	Filing Date	May 15, 2001
	First Named Inventor	Lars LILJERYD et al.
	Art Unit	2655
	Examiner Name	D.D. Abebe
	Attorney Docket Number	4441-0108P

To: Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
- ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
- ☒ the attorneys/agents associated with Customer Number

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

On May 19, 2006, Applicants requested that the above-identified application be transferred to another firm for handling.

### CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
- ☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Glenn Patent Group				
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NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.